
Report summary

Life with arthritis in Canada: a personal and public health challenge

S. O'Donnell, MSc (1); C. Lagacé, MSc (1); L. McRae, BSc (1); C. Bancej, PhD (1)

Introduction

"Arthritis" describes more than 100 conditions that affect the joints, the tissues that surround joints and other connective tissue. These conditions range from relatively mild forms of tendonitis and bursitis to systemic illnesses, such as rheumatoid arthritis.

Life with arthritis in Canada: a personal and public health challenge presents the latest knowledge about arthritis in the Canadian population and its wide-ranging impact. It provides an overview of the impact of arthritis, and is designed to increase public awareness of the importance of prevention and timely management. Although progress has been made on interventions, arthritis remains common, disabling and costly. Increasing participation in physical activity and maintaining a healthy body weight may help to mitigate the effects of arthritis.

Highlights

How common is arthritis?

In 2007–2008, arthritis was the second and third most common chronic condition among Canadian women and men, respectively, affecting over 4.2 million people (16% of the population) 15 years and older. As our population ages, this number is expected to increase to approximately 7 million (20%) by 2031. However, despite common myths about arthritis, it is not confined to the elderly—nearly three in five Canadians with arthritis were between the ages of 15 and 64 years.

While prevalence estimates of arthritis among First Nations (on and off-reserve) and Métis adult populations were 1.3 to 1.6 times higher than those among the Canadian adult population, those in the Inuit adult population were similar.

The impact of arthritis

Many individuals with arthritis perceived their general and mental health as fair or poor, and needed help with daily activities and in their work, community, social and civic life. Of the 15% of Canadians living with a disability in 2001, one-quarter reported arthritis as the main cause; of these, over one-quarter between 25 and 44 years of age were not in the labour force because of their arthritis.

Economic burden of arthritis

In 2000, musculoskeletal diseases were the most costly group of diseases; arthritis was estimated to cost \$6.4 billion (29% of the total cost). Of the total arthritis-related costs, the greatest impact was due to the indirect costs (\$4.3 billion) as a result of lost productivity attributable to long-term disability and premature death.

Arthritis-related medications

In 2007, Canadians were prescribed over 4 million non-steroidal anti-inflammatory drugs (NSAIDs), over 1 million disease-modifying anti-rheumatic drugs (DMARDs), close to 1 million corticosteroids, and approximately 150 000 biological response modifiers (BRMs).

Health services utilization

In 2005–2006, approximately 14% of Canadians over 15 years made at least one visit to a physician (usually a primary care physician) for any type of arthritis—an estimated total of 8.5 million visits in Canada (excluding the territories). Arthritis was associated with 6% of the total hospitalizations, of which surgical hospitalizations (71%) were more common than medical ones (29%). Nearly two-thirds of the arthritis-related surgical hospitalizations were joint replacements (63%). Between 2001 and 2006, the total number of joint replacements increased by 54%.

Mortality burden

While deaths from arthritis are uncommon, 777 women and 296 men died from an arthritis condition in 2005; rheumatoid arthritis, systemic lupus erythematosus and other connective tissue diseases accounted for approximately 60% of all the arthritis-related deaths.

Reducing the risks of developing osteoarthritis and gout

The risk of developing osteoarthritis and gout can be reduced. Maintaining a healthy body weight and healthy joints and muscles through physical activity while protecting joints from injuries or overuse can help prevent osteoarthritis. Likewise, maintaining a healthy body weight, keeping physically active, and reducing consumption of purine-rich foods

Author references

1. Chronic Disease Surveillance and Monitoring Division, Centre for Chronic Disease Prevention and Control, Public Health Agency of Canada, Ottawa, Ontario, Canada
Correspondence: Siobhan O'Donnell, Centre for Chronic Disease Prevention and Control, Public Health Agency of Canada, 785 Carling Avenue, A/L 6806A, Ottawa ON K1A 0K9; Tel.: (613) 954-6557; Fax: (613) 941-2057; Email: siobhan.odonnell@phac-aspc.gc.ca

and drinks, such as red meat, certain types of seafood and alcohol, reduces the risk of developing gout.

Living with arthritis

Although there is no known cure for arthritis, people with all types of arthritis can prevent disability and improve their quality of life by maintaining a healthy weight, being physically active, avoiding joint injuries, participating in self-management programs, and—particularly for inflammatory types of arthritis—getting an early diagnosis and treatment. Nevertheless, high proportions of Canadians with arthritis are physically inactive (59%) and overweight/obese (63%).

Life with arthritis in Canada: a personal and public health challenge is available at:
<http://www.phac-aspc.gc.ca/cd-mc/arthritis-arthrite/lwaic-vaaac-10/index-eng.php>